



2010 AT SYDNEY MEDICAL SCHOOL NEPEAN

BY PROFESSOR JACK WALL
Head of Medicine

Another year is upon us and this one marks the end of an era; Professor James Wiley has left Nepean to continue his research in Melbourne. Although impacted by his departure basic research continues to be vibrant at Nepean and productivity remains strong. Professor Wiley was the first investigator to establish a basic science research program at Nepean and we owe a lot to him for this. His energy, enthusiasm and innovative ideas also provided the spark for the development of other research programs at Nepean. Through his example and ability to recognise dedicated researchers, other investigators were recruited to set up new programs in T cell studies of newborns and mothers, thyroid and orbital autoimmunity, movement disorders and osteoporosis in ageing bone, to complement existing programs in obstetrics and women's and child health. Although Professor Wiley has left, it is pleasing to note that haematological and lymphoma research continues under the direction of Doctors Stephen Fuller and Leanne Stokes.

From our academic surgeons, it is pleasing to see a renewed focus on clinical research initiatives to support their popular teaching courses and programs.

A special thank you to our administrative and secretarial staff who, through their hard work and skills, free us up to perform our duties as clinical academics, tutors and teachers. Finally, I thank our hospital and community based tutors who help us deliver state of the art healthcare for Western Sydney.

The basis for a strong, world class University is the research that its members carry out and this in turn provides the environment for excellence in teaching and clinical practice. We are strong in all areas at Nepean because research, teaching and clinical practice are intimately intertwined in our day to day activities and well supported by the Sydney West Area Health Service and the University of Sydney.

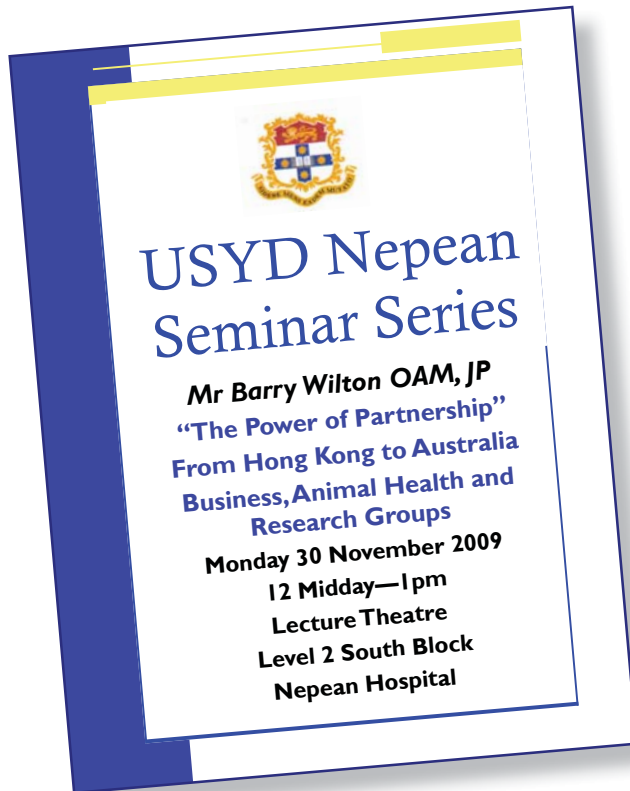
I welcome you all to 2010 at Nepean, our medical students including our new First Stage students from near and far, our graduate and post graduate students, laboratory staff and our tutors and teachers from the Hospital and Community, and wish you all a happy, productive and successful year.

Below: Year 1 Nepean Medical students.



SYDNEY MEDICAL SCHOOL NEPEAN SEMINAR SERIES

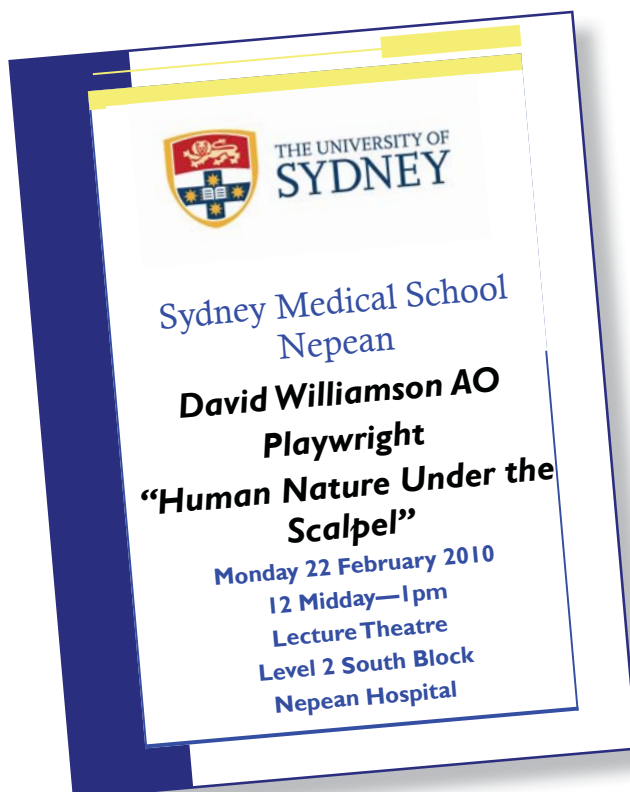
“The Power of Partnership”



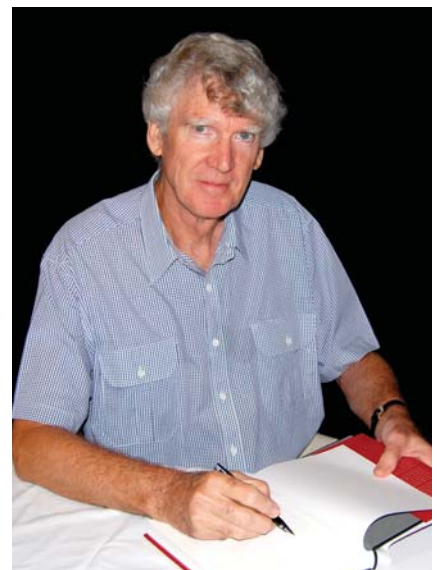
BARRY WILTON OAM, JP



“Human Nature Under the Scalpel”



DAVID WILLIAMSON AO



TUTOR OF THE YEAR 2009

YEAR 1 – A tie:

Dr Peter Hsu (Paediatrics)
and Marek Nalos (Critical Care)

YEAR 2:

Associate Professor Martin Krause
(Neurology)

YEAR 3:

Dr Bill Croker (Emergency)

YEAR 4:

Dr Laurie Boshell
(Perinatal & Women's Health)

SPECIAL AWARD

to Dr Bill Kefalas as he is leaving
– thank you and good luck

NEPEAN CLINICAL SCHOOL AWARD FOR CONTINUED EXCELLENCE IN TEACHING

Dr Vidyasagar Casikar – Excellence in Teaching
Dr Grant Miller – Excellence in Teaching
Beth Bendell – Excellence in Interprofessional Teaching
Lorain Squires – Excellence in Interprofessional Teaching
Robert Robinson – Continued Professional Service



Award recipients and presenters.



Peter Hsu, Narelle Brown and Marek Nalos.



Martin Krause and Sarah Whereat.



Louise Cole and Bill Croker.



Michael Peek and Laurie Boshell.



Michael Cox and Lorain Squires.



Narelle Brown and Robert Robinson.



Sarah Whereat and Grant Miller.



Michael Peek and Beth Bendell.



Bill Kefalas and Louise Cole.

STAGE 1 “O” DAY

BY NARELLE BROWN

This year Nepean is teaching and supporting 51 Med 1 students. An Orientation Day was held on February 9th to welcome them and begin their journey to adopting Nepean as their clinical home.

After a welcome by Professor Peek, Associate Dean and Head of Sydney Medical School Nepean, we kept the students busy with familiarisation talks from Medical School staff.

Thanks go to all the staff involved for their time and expertise as well as their good humour in ushering in the new cohort of students.

Medical School staff shanghaied into helping include: Tegan Bellamy, Sarah Whereat, Biren Singh, Denise Thornhill and Leta van der Wal who were so much a part of the preparation as well as giving talks on the day.

This sort of function cannot take place without the broad shoulders of co-operation from many departments within the

hospital and as usual we received this with enthusiasm.

From Level 5 Clinical School offices we all had energetic and encouraging support from Denise Thornhill, Maree Yabsley, Linda Bourne and Rhonda Willis, with Jan Mondy from Academic Surgery as well. These ladies put most of their day on hold to assist in hospital tours and in escorting the students in groups to venues around the campus.

From library services thanks go to Sue Grimes and staff for library tours.

From Security we thank Jo Trunzo-Raphael for speeding through the process of creating identification badges for so many students.

A summary of the day cannot progress without mention of the “Surgical Smarties” game we inflicted upon the students after morning tea. The students showed their mettle and their ingenuity by great participation in a relay of teams using



STAGE 1 “O” DAY (CONTINUED)

sweets as the transport item. They were required to dress in surgical clothing before running across the lecture theatre with a smartie clamped in some plastic forceps to accrue points - an excellent ice breaker.

Lectures were then heard on Infection Control, Occupational Health and Safety (OH&S), Fire and Evacuation Procedures and Hospital Security.

Thanks to specialist staff from hospital departments for these talks:

Infection Control – Mr Robert Robinson

OH&S and Fire Evacuation – Mr Colin Anlezark

Security – Mr Dunko Grubisic.

More tours of the hospital and library as well as ID badge creation ensued before a luncheon in the Education Centre Lecture Theatre supplied by Eden’s Café, with the kind sponsorship of MDA.

As lunch continued, Professor Ralph Nanan introduced senior academic staff and launched informal talks.

Lastly we had two hours of teaching rotations in hand hygiene, fire safety, moving and lifting of patients and basic life support. In closing this report thanks must go again to those involved and include the tutors in these skills:

Fire Safety – Mr Colin Anlezark

Hand Hygiene – Mr Robert Robinson (Infection Control)

Moving and Lifting Patients – Mr Anwar Hussan and Mr Ryan Evans (Physiotherapy)

Basic Life Support – Ms Sarah Whereat.

Final mention must go to thank the medical staff who joined us for lunch and were willing to welcome the students personally.

At time of writing, clinical days progress every Monday and Wednesday and the Stage 1, 2010 group have shown themselves to retain their Orientation Day sense of enthusiasm. ■

NEPEAN MEDICAL STUDENT’S SOCIETY 2010 (NMSS)

nepmss@live.com

Sarah Turner: President
swal9910@uni.sydney.edu.au

Sarah is a 3rd Year Medical Student at Nepean Hospital, and is a local of the Penrith area. Sarah has a background in exercise and sport science and has a keen interest in outdoor sports. Along with the other members of the NMSS, Sarah is looking forward to the many social and educational activities that are planned for students of Nepean Clinical School in 2010, and hopes that the NMSS is able to make 2010 an exciting and fun year!

Therese Kanaan: Vice President
tkan5875@uni.sydney.edu.au

Therese is the Vice President of the NMSS whose role is to assist the other team members and liaise with the representatives of the sponsoring companies which include MDA, Avant, MIPS, and MIGA. She has a background in the medical sciences from the University of Sydney, and is interested in rural medicine.

Michael Smith: Student Rounds Coordinator
msmi8455@uni.sydney.edu.au

Michael T Smith is the Student Rounds the coordinator. Michael has attended many Medical Grand Rounds at Nepean and has found them very instructive in his medical education. His background is in physical sciences and believes strongly in having interests beyond the medical curriculum to advance one’s career.

Katrina Zaballa: Secretary
kzab0228@uni.sydney.edu.au

Katrina Zaballa is the NMSS secretary whose duties involve supporting the other society leaders, she has a background in Medical Science from Sydney University.

Natassia Rodrigo: Treasurer
Nrod2590@uni.sydney.edu.au

Natassia Rodrigo is the Treasurer for NMSS and has a background in Medical Sciences. She is looking forward to working with the rest of the team and hopes everyone enjoys the exciting year ahead. ■



Katrina and Therese with Michael drawing the prize.

THE WINNER

With the new round of first year medical students streaming in, the Nepean Medical Students Society held a draw for all new NMSS members to welcome the students.



On 22nd March 2010 Professor Peek (Associate Dean) drew the winner’s name in the presence of Therese Kanaan (Vice-president), Katrina Zaballa (secretary) and Sue Dowd (Research Officer).

The winner was Keta McDowall who won a brand new Oxford handbook of Clinical Medicine.

On behalf of the NMSS we welcome all the first year students to Nepean and hope that they have an enjoyable time here. ■

THE INTRODUCTION OF A MENTORING SCHEME FOR STAGE 1 SYDNEY MEDICAL PROGRAM STUDENTS, SYDNEY MEDICAL SCHOOL NEPEAN



The attendees at the Mentoring Dinner.

A pilot student mentor scheme commenced in March 2010. The scheme is a partnership between the Nepean Medical Association (NMA) and the Sydney Medical School Nepean. The project was initiated with special attention to the needs of students about to enter the profession. The objectives of the project are:

To enable an association between medical students and the wider Nepean medical community.

To provide an opportunity for students to learn about and to feel part of the profession as well as developing relationships with clinicians and healthcare providers in the Nepean area.

To identify a framework of expectation of students in the student/mentor relationship and the benefits that can arise from effective mentoring schemes

For the Mentors it will provide an opportunity to be involved and gain insight into the challenges and opportunities faced by the future of the profession and provide guidance and support to the students. In addition, it is an opportunity for the Nepean Medical Association to be involved with the evolution of teaching and learning at Sydney Medical School Nepean

With this collaboration and partnership it is hoped that this project will provide a welcoming atmosphere for students at Nepean which eventually may encourage them to return to the area/region in their post-grad years.

The scheme was advertised internally to all Stage one students commencing studies in 2010. Fourteen students were selected based on matching profiles of Mentors and Mentees by use of a simple enrollment form which included questions on their previous studies/degrees; their interests outside medicine and whether they would like to participate.

Seven Mentors, clinicians from various disciplines volunteered to be mentors. Two students were matched to each Mentor.

The project was launched on 3rd March with an inaugural dinner at the Zaika Indian Restaurant in Kingswood sponsored by AMA(NSW) and MDA

It is envisaged that there will be regular meetings between Mentors and Mentees throughout the year including an invitation to the NMA annual Dinner which this year is on Saturday 18th September. The records of meetings and their outcomes will be kept for evaluation at the end of the year.

If the project turns out to be popular it is hoped that in future Mentors and Mentees would be matched by a web based profiling. Given approval, there would be a link between the Sydney Medical School Nepean website and the NMA website.

Mentors would be invited to submit their profile. Mentees would be able to read these profiles and indicate their interest in being part of the Student Mentor scheme by replying to the NMA email address. The NMA would then have an indication of the demand for the scheme by the number of emails received.

The mentees would be selected by the NMA with a list to be endorsed by the Sydney Medical School Nepean. Reply to all students would be made by the NMA.

The success of the Student Mentor Scheme will depend, for a large part, on doctors being willing to be Mentors. This is a great opportunity to be involved in the future of the medical profession.

Would you like to know more about being a Mentor in 2011? If so please contact Adrian Sheen via email: acsheen@pnc.com.au ■

DR BILL KEFALAS – DOCTOR, TUTOR, MENTOR



When talking about a Clinical School, the people who make up the School are what it is all about.

At the end of 2009, Nepean said farewell to Dr Bill Kefalas. Bill had been a tutor with the school since the Clinical School started at Nepean. A dedicated and popular tutor, Bill took sessions in Patient Doctor for Years 1 and 2 and participated in SCORPIO's and OSCE'S. Time spent with Bill in his busy GP practice gave students an insight into the highs and lows of being a Doctor and GP.

He provided valuable feedback and support to students prior to and after exams. Students greatly appreciated his warmth and humour, many a session was spent over coffee in the Cafe. He was voted Stage 2 Teacher of the Year 2005 and 2008.

Along with a busy GP practice, Bill has completed a Master of Medical Education, his many achievements in other facets of medicine, teaching and research are perhaps too numerous to list. We wish Bill well in his new life... however Bill, if you are reading this and looking for something to do, the students and staff of Nepean would welcome you back. ■

NEPEAN PRIVATE HOSPITAL A NEW TEACHING HOSPITAL OF THE UNIVERSITY OF SYDNEY



David Burke, Michael Cox, Daniel Vagg, Ezra Kilavuz, Jocelin Desjardins, Nicholas Spooner, Tom Tubin, Ralph Nanan with Helen and Michael formalising the agreement with a handshake.

The University of Sydney and Healthscope celebrated the announcement that Nepean Private Hospital has become a teaching hospital of the University of Sydney. Medical Students from Sydney Medical School Nepean will be able to go to Nepean Private Hospital as part of their four year training to become doctors of the future.

Sydney Medical School Nepean educates over 200 medical students at Nepean Hospital each year.

"Nepean Private Hospital becoming a teaching hospital of The University of Sydney, will allow medical students to expand their teaching experience at Nepean. The excellent facilities and staff at Nepean Private Hospital will give another dimension to teaching at Sydney Medical School Nepean. This also highlights the University of Sydney's commitment to teaching medical students in Western Sydney." Professor Michael Peek, Associate Dean Sydney Medical School Nepean said.

"We are very honoured and excited to play a part in shaping the doctors of the future. Healthscope, Nepean Private, the doctors and the staff at Nepean are committed in assisting with this training." Helen Lonergan, General Manager Nepean Private Hospital responded.

Students will be accompanying consultants on ward rounds and viewing many different surgical techniques. Much of this training, especially elective surgery, is not possible in the public system.

Year 4 students from Sydney Medical School Nepean said "The opportunity to visit patients at Nepean Private Hospital and accompany clinicians on their ward rounds is certain to add a new dimension to our medical education. In addition to reducing the number of students attached to a particular team, thereby allowing far greater opportunity for individual teaching, we will be exposed to many conditions and surgical procedures not commonly encountered in the public hospital. Dividing our education between both public and private hospitals will further increase our understanding of the healthcare system and different modalities of healthcare provision".

Mr Tom Rubin Executive Officer Medicine thanked all Visiting Medical Officers and Nepean Private Hospital staff for helping to train our future doctors. ■

CONCLUSION OF EXTENDED CARE PARAMEDIC COURSE 4

BY CHRISTIAN MORTENSEN
EXTENDED CARE PARAMEDIC EDUCATOR

The Extended Care Paramedic Course 4 came to a close with a visit from Dr Andrew McDonald (Secretary to the Minister of Health) Karyn Paluzzano (local Member for Penrith) and the Associate Dean of the Sydney Medical School Nepean, The University of Sydney, Professor Peek.

12 students from Sydney, Shoalhaven and Wagga Wagga have completed an intensive academic program focusing on clinical decision-making, an enhanced skill set and pharmacology. The course has been run at the Sydney University Clinical School at Nepean Hospital since its inception with Professor Peek reiterating his support for the ASNSW Extended Care Paramedic Program. This program is unique for ASNSW, in part due to the participation of University of Sydney academics, physicians and all of the resources, staff and patients at Nepean Hospital.

The Extended Care Paramedic program is attempting to better manage those patients who call 000 for conditions that can be safely diagnosed and treated outside the Emergency Department. ECPs can treat and discharge and treat and refer to GPs, Community Health and third door access to hospitals.

The students, all ASNSW Paramedics, immediately recognized the potential to expand their knowledge and embraced the university-based model. Their training was a combination of lectures, tutorials, skills training and community placements with Emergency Departments, Allied Health and General Practitioners, locally and across the state. The course concluded with written and OSCE assessments which challenged them in all things ambulance and medicine.

The course was not without its hiccups, so a huge thank you, to the staff at the clinical school, who were always happy to assist.

Many, many thanks to the physicians and academics at Nepean, who provided their time and expertise for the students.

A big thanks to Edens Café, for all of the lunches and morning wake-me-up caffeine.

The students are now out in the community, working to provide alternatives to low acuity patients and to provide clinical mentoring to their colleagues. On behalf of the ASNSW ECP program we would like to congratulate the graduates and welcome them to the team. ■



The ECP group for 2010.



Chris Anson, Peter Cribbs, Colin Randall, Dr Andrew McDonald and Prof Peek.

VISIT BY DUTCH BIOMEDICAL ENGINEERING STUDENTS AND SCIENTISTS

BY DENISE THORNHILL, EXECUTIVE OFFICER

At 10am on 6th April a group of 25 biomedical engineering students and 3 scientists from Eindhoven University of Technology, Holland, visited The Sydney Medical School Nepean, The University of Sydney at Nepean Hospital, to look at the research being conducted in the field of e-health and biomedical engineering.

Professor Mohamed Khadra, Professor of Surgery, and Dr Bernard Champion, Endocrinologist and Senior Lecturer, welcomed the students on behalf of Professor Michael Peek, Associate Dean of The Sydney Medical School Nepean. They spoke about the importance of Nepean Hospital which

sits at the gateway of western NSW serving a community that stretches almost to Orange, Dubbo and beyond and the importance of e-health and bioengineering as a vital element in health care and the value of developing global ties to advance medical research.

The students met with various academics, scientific researchers, local and international medical students to explore ways of strengthening the ties between The University of Sydney Nepean and Eindhoven University of Technology, in recognition of Nepean as a Centre of Excellence in biomedical engineering and e-health. ■



The visiting Dutch students and staff.

FACULTY DEVELOPMENT

New educational initiative, Nepean leads the way.

For several months behind the scenes, a core group of Associate Professor Duque, Dr Louise Cole and Sarah Whereat have been developing a novel program to develop the teaching skills of our very keen tutors at Nepean.

This program launched on the 1st of April will provide onsite faculty development, at several levels allowing tutors to be involved at a pace and level that they can manage within their working life. The whole program should be completed over 12 months and will be run annually. The levels of participation labelled Gold, Silver and Bronze will indicate time and level of

participation in the program. A teaching scholars certificate will be awarded to Gold participants after completion of the one-year program and in time we plan that this program will be recognised by the professional colleges as a CME activity for Gold and Silver participants.

The program will be made up of a mix of online sessions and readings and several workshops run over several hours. The plan is to extend an invitation to the wider hospital community to attend the workshops.

Nepean Clinical School has many advantages, but one particular

disadvantage identified is that of being quite a distance from Central faculty where there are a number of onsite educational courses available which are easily accessible to inner city staff. The aim of this is not to replace any Graduate Certificates or Master programs, but to inspire our teaching scholars to continue on towards completing these programs.

From very recent news releases Central Faculty agrees that this is a needed strategy across the medical faculty.

The criteria for the three levels are:

	COMPLETES SURVEY	COMPLETES ALL ONLINE ACTIVITIES	COMPLETES TWO WORKSHOPS	COMPLETES EVALUATION
GOLD	Yes	Yes	Yes	Of whole course
SILVER	Yes	Partial online activity	One or more workshops	Of workshop
BRONZE	Yes		One workshop	Of Workshop

All our tutors and advance trainees at Sydney Medical School Nepean, the Nepean Hospital or at any other Clinical School within the University of Sydney network are invited to participate at any of the three levels. If interested, please feel free to contact Sarah Whereat (sarah.whereat@sydney.edu.au or 02 4734 1754) ■

HEPATITIS C SCREENING OF MOTHERS USING METHADONE AND THEIR BABIES IS INADEQUATE

Embargoed until 12 noon Sunday, 15 November 2009

Screening for Hepatitis C virus (HCV) infection among pregnant women on methadone maintenance treatment and their infants is inadequate, according to the authors of a study published in the Medical Journal of Australia.

Dr Ralph Nanan, Professor of Paediatrics at the University of Sydney, and his co-authors undertook a retrospective review of medical records from two major hospitals in Sydney and a hospital in rural NSW.

Of 295 pregnant women on methadone maintenance treatment, 288 (98 per cent) were tested for anti-HCV antibodies, compared with 1955 (20 per cent) of 9987 women who were not on methadone treatment.

Seropositive (presence of antibodies) results were obtained for 243 women in the methadone group (84 per cent) and 54 in the non-methadone group (three per cent).

Data were not available on all of the infants of HCV-seropositive methadone

maintained mothers. But of the infants of HCV-seropositive methadone-maintained mothers for whom data were available, only 27 per cent received follow-up HCV screening during the 18 months after birth.

One of the infants tested positive for anti-HCV antibodies and HCV RNA, meaning that the infant was viraemic (ie, HCV virus was present in their blood).

“Our study indicates that screening for HCV infection in the high-risk population of pregnant women on methadone maintenance and their infants is inadequate,” Professor Nanan said.

This is a serious concern because HCV is a major cause of chronic liver disease, including cirrhosis and liver cancer.

Professor Nanan said a number of measures should be considered to ensure pregnant women and their infants received appropriate screening for HCV, including:

- Compliance with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists’

recommendation that all pregnant women be screened for HCV infection

- Infants of HCV RNA-positive mothers to be tested for HCV RNA at six weeks and six months of age and for anti-HCV antibodies at 18 months of age and
- The introduction of a national HCV registry, similar to the National HIV Database, which would help track children with HCV infection, in order to elucidate its true incidence and natural history.

The Medical Journal of Australia is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA unless that is so stated.

CONTACT:

Dr Ralph Nanan 0414 835 505

Mr Jacob O’Shaughnessy 0421 617 861

Media Officer University of Sydney ■

SYDNEY MEDICAL SCHOOL NEPEAN

2009–2010 Summer
Vacation Surgical Program

BY JAN MONDY
EXECUTIVE ASSISTANT
DISCIPLINE OF SURGERY

The Summer Vacation Surgical Program (SVSP) was developed as an initiative to increase the exposure of 1st and 2nd year medical students to surgical terms and the operating theatre. It involves the student being attached to a surgical sub-specialty for a minimum of one week and participating as a team member in all activities of the team, including rounds, meetings, theatres, out-patients and private rooms. The students may do as many weeks as they wish (where there are vacancies) and as many sub-specialties as they wish (where there are vacancies), eg: 1 week in ASU, 1 week in urology & 1 week in orthopaedics.

This was the second year that the SVSP has been run. In the first year 28 students participated in the program. This year 31 students spent a minimum of one week and maximum of seven weeks in the program. The sub-specialties who participated in the program were: Acute Surgical Unit, neurosurgery, upper GI, orthopaedics, breast/endocrine, plastics, thoracic/vascular, colorectal, urology and ENT. Before the students commence their placement they must be accredited in scrubbing, gown and gloving and a theatre orientation. This training and accreditation take place throughout the year and provides the students and theatre staff with the confidence to work together in a professional environment.

In 2009 the summer vacation surgical terms were approved as an Independent Learning Activity (ILA) by the University. It is estimated that about 20 students who participated in the program used it as an ILA.

The Summer Vacation Surgical Program will run again in 2010/11 and once again, this will be open to students to use as an ILA. With the recent sign-off of the Memorandum of Understanding between the University and Healthscope, students will be able to go to the private hospital. I anticipate that this will greatly augment their experience during the program. ■



STUDENTS, SURGERY, AND THE SURGICAL EXPERIENCE

BY CAROLINE BICHAY

Surgery and surgical experience are totally different to what we, as students, are exposed to throughout the year on our clinical days. The exposure I got to the medical world and the hospital environment in my two weeks of surgery was very intense. I found this experience very enriching and learnt a lot from my time there. I participated in one week of the Acute Surgical Unit (ASU) and one week in the Upper Gastrointestinal Unit (Upper GI). The ASU runs 24 hours a day, 7 days a week. Visiting the patients included a short talk, an examination, and then deciding on what action is to be taken following this visit. One of the first things I learnt was how to take notes during a consult, and what signs to look for. We start by writing down the name of the team visiting and then make a note of the blood pressure, temperature, pulse, fluid intake and fluid output, and noting any changes. Then a history of pain and symptoms are taken. Pain is then outlined by a drawing to indicate where the patient has pointed to. The doctor then talks to the patient about their progress and what is going to happen. If there is a procedure to be done, the patient is informed of it and consent is then taken before the procedure is booked.

I have found support from all the team members throughout the week. I got to witness and sometimes participate in some procedures. On the first day, I saw a percutaneous endoscopic jejunostomy (PEJ) tube inserted into a 21 year old female with cerebral palsy. This was the first time I saw a patient with cerebral palsy. The other procedure I saw was one of a thigh abscess drainage. On the second day I was introduced to Endoscopic Retrograde Cholangiopancreatography (ERCP). This process is used to examine the bile ducts to tell whether they were blocked or not and to try to find out the reason of the blockage. ERCP can also involve the addition of a stent to keep the ducts open and allowing the bile to flow. On the third day I witnessed a laparoscopic appendectomy and a laparoscopic cholecystectomy. The highlight for me was scrubbing into my first surgery and

being the assistant to the doctor. The surgery was of an abscess drainage on the right buttock on a 62 year old diabetic male. On this day I also got to see a new patient and be there at the initial consult. B.A was a 95 year old female who came in with a case of obstructive jaundice. Upon examination she was scheduled for an ERCP.

On the fourth day I saw the consultant use an ilioscope to examine the small bowel and find the source of bleeding. B.A had her ERCP procedure but the scan showed a blocked bile duct. A CT scan was then ordered. On the fifth day, I scrubbed into a laparoscopic cholecystectomy on a 48 year old female. B.A's CT scan showed a tumor of the head of the pancreas which was blocking off the bile duct.

On the sixth day, I witnessed a vaginal abscess drainage and got to feel for the size of the abscess before they started. This was my first gynecological/obstetric experience and I can use this to help me decide if I want to pursue my interest in obstetrics and gynecology. The second procedure was an ilioscope to try to find the bleeder that was missed two days ago during the same procedure. This time I was more involved in the process and was helping the doctor flush the blood. Another procedure I witnessed was a gastroscopy procedure that also involved the obtaining of a gastric biopsy for testing. B.A got a naso-jejunal feeding tube inserted. On the final day B.A is still quite jaundiced so she is scheduled for another ERCP to try and relieve the blockage. She is said to be transferred onto the Upper GI unit. During my week with the Upper GI team, my schedule was different. The team was much smaller and the day's events varied throughout the week. On my first day we had three surgeries. The first was an open cholecystectomy. The second surgery was a laparoscopic cholecystectomy. The third was the removal of a GIST (Gastrointestinal Stromal Tumor). In all of the three surgeries I helped out when needed and then assisted the registrar while closing up. B.A is looking more jaundiced and weaker. B.A got the ERCP done with an



insertion of a stent. Her prognosis looks bad and the team decides to transfer her over to palliative care. I went to the private rooms of the Professor and sat in on the appointments. It was a beneficial experience as I could relate to quite a few patients, on a personal level. I also gained a lot by being given an idea about each case before the patient arrived, then got to hear their stories and see their examinations.

On the third day there were no procedures but I attended the out patients' clinic. The registrar and I met with patients who were coming in for a post-operative follow up. This experience was totally different as we were checking the wounds. The registrar asked the questions and did the first examination of the wounds. He then left the rest of the wound check-ups for me to examine. B.A transferred to palliative care. B.A passes away on the fourth day. It was a sad moment for me as I recalled her journey over the past week. On the fifth and last day I got to see one very interesting surgery. It was an open exploration and drainage of a pancreatic pseudocyst via a gastrostomy. The pseudocysts bled from the splenic artery and then burst. The amount of clotted blood that in the abdomen was huge. It took us a long time to get rid of all that blood. There was a fistula between the pseudocyst and the stomach and that was how we got access to the inside. This was my last experience in surgery.

Over the two weeks, I was involved in discussions and all along the way was being taught new things, which will help me in my clinical career. My first week gave me a condensed surgical experience while my second week gave me broader, fuller picture of what goes on parallel to the surgeries. I was happy to have partaken in this program and would have to say that it was priceless. ■

SUMMER ELECTIVE IN RURAL KENYA

No running water but a matatu load of hospitality.

BY KAREN "MUTHONI" ELLIOTT (FINAL YEAR MEDICAL STUDENT) 2010

As a final year MBBS student, I spent four weeks of my elective term in January this year at Tumutumu Hospital. Tumutumu is private institution run by the Presbyterian Church of East Africa. It is situated 7km from the nearest town of Karatina in Central Province, which itself is more than 2 hours' drive from the hustle and bustle of Nairobi.

The hospital operates with a consultant in each department (except for Paediatrics), accompanied by an intern and a CO. COs are Clinical Officers with a 3 year diploma who are equipped with more knowledge and responsibility than any Australian intern could hope for! There is also one MO (Medical Officer) who primarily covers Paediatrics and serves as the second doctor at all outpatient clinics. A GP works on-site in the CCC (HIV/AIDS section). Given the small number of doctors at Tumutumu, interns are faced with the steepest learning curve imaginable and alone conduct surgeries such as c-sections. It is definitely a case of sink-or-swim for these junior doctors!

I was scheduled to work a week in each department: Surgery, O&G, Paediatrics and Medicine (including the CCC). Given the lack of doctors in the hierarchy, I not only scrubbed in on surgeries, but actually was first (and only) assist in the surgical team. I was fortunate to work with the consultant surgeon on cases such as skin grafting, colostomy reversals, bowel resections and hysterectomies. During O&G, I operated directly with either an intern or the consultant to deliver three baby girls by c-section (one an emergency), remove fibroids, debride a septic wound and conduct exploratory surgery for secondary infertility.

Although still a medical student, I was treated as a "daktari" (doctor) and encouraged to conduct rounds (sometimes alone with the head nurse in tow), write up patient notes, prescribe medications, assess wounds, clerk patients (history, examination, differential diagnoses), order investigations, prescribe management and write up patient discharges. All departments have outpatient clinics, in which students also work.

The level of skill and care at Tumutumu was encouraging, as I expected a less well-established institution, being so far rural. The list of drugs available from the pharmacy is impressive, and largely the same as we are used to in Sydney. The surgical techniques employed in most circumstances also parallel those in my own home country. There are quite a number of on-site nursing students at any one time, which serves to strengthen the learning environment.

Having a general understanding before I arrived of the scarcity of resources, I was pleased to liaise with MSAP (Medical Students' Aid Project) in the months leading up to my placement in order to arrange and pack medical supplies to be shipped to Tumutumu in advance of my arrival. It was a small donation, but much appreciated by the hospital.

I will always be grateful for the opportunity to obtain experience in Kenya and for the friendships I have made (and continue to strengthen despite the distance). More than just the observation of similarities and differences in the practice of medicine between our countries, it was the initial culture shock that propelled me from my cocoon of evidence-based, best-practice training into a world where life is genuinely hard.

It is simultaneously frustrating and exciting. To feel you know nothing without the right test, without the right equipment... unable to hear the fetal heartbeat through that darn plastic pinard.... cursing under your breath that the batteries in the sole doppler fetal monitor gave up the ghost last week and are yet to be replaced.

And yes, what they say about African people is true. They are incredibly warm, welcoming, friendly people. Discussing the cultural and lifestyle differences between us with my new-found friends and colleagues augmented my experience and served to fill us with no end of laughter. ■



Tumutumu Hospital.



In theatre.



With some interns.



With a mother and baby I delivered.



Me and my transport



Bidyadanga Clinic

A BRUSH WITH BROOM

SUMMER ELECTIVE STUDENT REPORT BY EMILY THOMAS

January 2010 saw me in Broome as part of my summer elective. I had always felt I lacked knowledge and understanding of Indigenous health and as an Australian medical student I believed I had a responsibility to become better equipped to deal with these unique health issues. It was with these thoughts in mind that I departed just after Christmas to commence my placement in Broome where I was to be based with the Kimberley Aboriginal Medical Services Council (KAMSC).

I was fortunate and grateful to receive funding towards my trip from Nepean Clinical School as part of their Rural Australian Elective Scholarship allowing me to undertake this experience.

Broome sits at the base of the Dampier Peninsula in the West Kimberley. This 56,000km² region has a population of 15,000, of which approximately 35% are Indigenous, and the majority younger than 35 years old. Culturally its Aboriginal past, white settlement and Japanese and Chinese involvement in the pearling industry have heavily influenced the town, as evidenced by its architecture and population demographic.

In terms of health care, the town is serviced by the hospital, and various GP practices, including the Broome Regional Aboriginal Medical Service (BRAMS). I was to split my time between the hospital Emergency Department and BRAMS.

I soon appreciated that a placement in ED was in fact a placement in the entire hospital, consisting of the ED, one ward, three delivery suits, operating theatres, allied health and pathology. The staff are based in the ward or ED but required to assist in all areas. Of the multi-skilled staff, most of the doctors were GPs with specialist training in anaesthetics and obstetrics. This meant that whilst placed in ED I was suturing a scalp wound one minute, then rushing off to scrub in on a caesarean section the next. Many staff were in locum positions adding further complexity to the hospital team.

Established in 1978 BRAMS is the oldest Aboriginal Medical Service in the Kimberley region and is staffed by GPs (again many locum), and Aboriginal health workers who receive training in essential skills such as wound management and venepuncture. The service is entirely bulk-billed, and includes a pharmacy where medications are dispensed at no cost to the patient.

I was privileged to take two flights out to remote communities with BRAMS. Bidyadanga south west of Broome which is Australia's second largest Aboriginal community, with 800 people living in 100 homes. It is a "dry" community, however, drug and alcohol issues are still evident at the clinic. Beagle Bay north of Broome has 300 residents and was initially a mission community run by various Catholic orders, but with control now handed back to the Aboriginal population.

In both communities the limitations of remote area healthcare were evident. Highly skilled nurses and Aboriginal health workers staff the clinics, providing a reliable and effective 24hr health service. Doctors visit once or twice a week and hold a walk-in clinic. It was here that I observed a key element of remote area health in accepting a facility's limitations and knowing when to seek help and transfer patients.

Overall I found my experiences in Broome and its surrounding communities to be rewarding and varied. A resounding memory for me will be my social observations of this town, particularly as a town of stark contrasts. Within a square kilometre there exists all phases of a spectrum from confrontation and tragedy to hope and promise. I am now more aware of this area of my country and the unique issues integral to its community. Whilst I can only speculate as to how many of the problems I witnessed will ever be solved, I am grateful for my time in Broome, knowing that it has made me more capable of working within areas of Indigenous health back home. ■

PROFESSOR JAMES S. WILEY

MD, FRACP, FRCPA

PROFESSOR OF HAEMATOLOGY 1996-2009

Professor Wiley graduated with a Bachelor Science (Oxford University) and MBBS (The University of Sydney) and MD (The University of Sydney). He was a Rhodes Scholar for NSW (1959-1962) and awarded a Fulbright Senior Travel Award (1985).

In his early medical career he held positions at the Royal Prince Alfred Hospital, The Royal North Shore Hospital, The Hammersmith Hospital (London) and Department of Medicine, University of Pennsylvania.

Professor Wiley was Head of Haematology at the Austen Hospital in Melbourne for 17 years before moving to Sydney to take up a position as Professor

of Haematology with the University of Sydney at Nepean Hospital and Head of Haematology since 1996. In 2000 he was appointed Sub-Dean (Research) Nepean Clinical School, Nepean Campus.

For over 20 years Professor Wiley and his group have made important contributions to our knowledge of leukaemia including the introduction of a vitamin A based compound obtained from China in the treatment of acute promyelocytic leukaemia. He is also studying genetic changes which predispose persons with familial forms of leukaemia which should lead to new knowledge of the gene which contributes to this disease. More recently he has studied genetic



factors which predispose to tuberculosis and is applying the same genetic approach to studying genes which contribute to Sjogren's syndrome as well as collaborating in a study of multiple sclerosis and atrophic dermatitis. ■

PROFESSOR JAMES WILEY'S WORK WITH CLL AND THE BAKER FAMILY

Professor Wiley had a special interest in researching and treating blood cancers. He became involved with Chronic Lymphocytic Leukaemia (CLL) when he diagnosed 2 sisters with CLL (Julienne Andruskin and Susan Baker) in his clinic at Nepean Hospital. He encouraged them to look through the family tree to see how many other members had the disease.

The breakthrough for him was that their great grandfather, Henry James Baker married twice and fathered twenty one children (died age 89 in 1951). Out of the 200-plus members of the family they have been able to trace, eleven have been diagnosed with leukaemia and a further six have the precursor of the disease. Project manager Leah McKinnon was appointed and with the family's help, a grant from the Leukaemia Foundation and further funds from The University of Sydney and the Nepean Medical Research Foundation they were able to track down and gather DNA from more than 60 family members spanning three generations.

Dr Stephen Fuller was the lead author of a paper published last year in the British Journal of Haematology, which detailed their first-stage analysis of family genetics and the insight this provided into the cause of CLL. Dr Fuller has recently set up a dedicated CLL clinic at Nepean Hospital.

CLL is the most common form of leukaemia in the western world. It accounts for about 25% of all leukaemias and occurs more often in men than women. The risk increases with age and almost 80% of new cases are diagnosed in people over 60.

It is the only leukaemia where there is a strong familial link and in as many as 10% of cases, a close family relative will also have CLL.

Neither Professor Wiley nor Dr Fuller are under any illusion about the complexity of the work that must be done in the years ahead.

"It is a formidable task but the Baker family gives us great support and an enormous opportunity to increase our understanding of this disease and hopefully work towards a cure" says Professor Wiley. ■



Leah McKinnon, Ron Sluyter, Ben Gu, Leanne Stokes, Jim, Bernie Saunders, Kristy Skarratt, Margaret Matuszewicz and Stephen Fuller

FESTSCHRIFT CELEBRATING PROFESSOR JAMES SAVILLE WILEY

A festschrift was held for Professor Wiley on Friday 9th April 2010 at Nepean Hospital.

It began with a scientific meeting in the afternoon and concluded with a Dinner at the Sydney International Regatta Centre at Penrith Lakes.

The scientific meeting was welcomed by Dr Stephen Fuller and included the following talks by local and invited speakers:

Dr Ron Sluyter – P2X7

Dr Leanne Stokes – Genetics of the P2X7 receptor

Dr Ben Gu – The P2X7 and non-muscle myosin membrane complex mediated phagocytosis

Dr Stephen Fuller – Familial chronic lymphocytic leukaemia

Dr Bernadette Saunders – The P2X7 receptor and immunity to tuberculosis.

Professor Peek – Contribution to the University of Sydney

Professor David Gottlieb – Afternoon Session

Professor Francesco Di Virgilio – P2X7

Prof Nick Smith – Toxoplasmosis and the P2X7 receptor

Prof Rodney Scott – Multiple Sclerosis

Prof Frank Firkin – “Jim Wiley his part in the downfall of Acute Promyelocytic Leukaemia” ■



Dr Fuller, Prof Scott, Prof Di Virgilio, Jim and Karen Wiley and Prof Firkin.



Michael Peek and Gwen McMaster-Faye presenting Jim's support award.



Prof Rodney Scott, Prof Frank Firkin, Mrs Judy Firkin, Prof Bill Sawyer, Prof Richard Christopherson, Mrs Kerry Spurrett, Dr Choon Lee, Prof David Gottlieb and Dr Jeannette Lechner-Scott.



Prof Arthur Conigrave, Ann Quinton, Dr Bernard Champion, Rhonda Willis, A/Prof Duque and James Branley



Leanne and Leah with their new babies Amber and Daniel.



Stephen Fuller with his twins Charles and Elizabeth.

DISEASE AWARENESS DAY

MEDIA RELEASE COURTESY OF THE WESTERN WEEKENDER

Are our older persons aware of their potential health risks? Have they ever been checked for “silent diseases” such as Alzheimer’s or Osteoporosis? Being aware of their potential risk would increase their likelihood to meet their Doctor and discuss with them about how to prevent the progress of these potentially life-threatening conditions.

To increase the awareness of our older adults in the Penrith and Blue Mountains Area on the importance of comprehensive geriatric assessment and primary prevention of age-related diseases, the Geriatric Medicine Section at Sydney Medical School Nepean organized a Disease Awareness Day. Participants aged 60 years and over were invited to attend this activity. On the day, a multidisciplinary team of aged-care experts was available to assess participants and provide recommendations in relation to their health. Assessments were available in diabetes, cardiovascular disease, macular degeneration, osteoporosis, depression, falls risk, memory loss and hearing. After their assessment, the participants were provided with a summary of the results, which could be taken to their Doctors in order to receive further advice.

Associate Professor Gustavo Duque, Head of Geriatric Medicine Section, at Sydney Medical School Nepean said: “This is a clear example of the University’s social responsibility. As tertiary care institutions, we are sometimes isolated and usually become the last resource in the health care system. With this activity, we are taking the University out of the boundaries providing our community with free and easy access to a very specialised assessment. In addition, our older adults have access to educative materials and reliable health educators who try to solve most of their queries related to their health. This novel approach is unique in Australia and is expected to have a major impact on the way our community understands preventive health as well as the role of the Universities within the Community.” ■



The stalls at the Awareness Day in the Penrith Panthers Pavilion.



Australian Women & Children's Research Foundation

www.ozwac.com.au

OZWAC "PINK PIZZAZZ" CHARITY BALL SATURDAY 15TH MAY 2010 EVAN THEATRE, PANTHERS

The Australian Women & Children's Research Foundation (OZWAC) is a local charity which has contributed to major research into women and children's health in the Penrith region and beyond for over 12 years via its extensive research facilities at Nepean Hospital will be celebrating its 12th year of success in 2010 with this year's Annual Charity Ball to be held at the Evan Theatre, Panthers on Saturday, 15th May 2010.

The long awaited event will have a touch of "Pink Pizzazz" with a Pink theme sponsored by Tony Ferguson Weightloss Clinics, along with many other local businesses who have been extremely supportive in making the Foundation a success.


Panthers have kindly assisted us by providing the venue and a sumptuous meal to enjoy and we have organised fantastic entertainment by "Pink" along with Xparte who will be donating their time yet again this year to ensure a fabulous night is had by all. Tara Dennis (from Channel 7's Better Homes and Gardens program) has again graciously agreed to host the event along with our Local Celebrity MC, Troy Dodds.

OZWAC would be delighted for you and your partner and colleagues to attend this important community event and invite you to visit our website at www.ozwac.com.au for more



information on how you can help build the pitter patter of healthy little feet. All funds raised at the Ball will go towards early pregnancy and miscarriage research conducted by Associate Professor George Condous at Nepean Hospital.

Enquiries and bookings please contact Maree Yabsley on (02) 4734 3205. ■



Australian Women & Children's Research Foundation

Pink Pizzazz Charity Ball

Your invitation to join us

... for a fabulous night of fun, food, entertainment and fundraising.

Featuring: MC, Tara Dennis and local MC, Troy Dodds

Entertainment: XParte and "The Ultimate Pink Show"

Saturday, 15th May 2010 at the Evan Theatre, Panthers

7pm: Pre-Dinner Drinks, 7:30pm: Start, Dress: Formal

Major Sponsor: Tony Ferguson Weightloss Centres

We invite you to book your tickets now. Booking slip enclosed or book online today.

PRESENTING AT PENRITH PROBUS

BY GWEN MCMASTER-FAY

It was with great pleasure that I presented recently with Associate Professor Gustavo Duque to the Penrith Probus Club. It was a very successful presentation for both the Nepean Medical Research Foundation and for the exciting work that has been completed and is in the process of being established by Associate Professor Duque, in the work of determining the changes that happen during the ageing process in bone, including the identification of the potential link between ageing and senile osteoporosis, as well as the identification of potential therapeutic approaches for senile osteoporosis. The Foundation is proud to have funded a portion of his exciting research.

The captive audience of over 100 attendees then asked many questions relevant to their concerns of the ageing process and they were answered by Gustavo with great insight and humour.

It was a wonderful opportunity to profile the NMRF and the Falls and Fractures Clinic set up by Gustavo at the Nepean Clinical School as the vast majority of the Club were unaware of the organisations. Many were keen to follow through with some form of support and were insistent that we were invited to present again in the near future. Bequest forms were taken by all members and subsequently there have been initiatives and suggestions through the meeting with Probus, to raise some funding via various ways.



A/Prof Duque, Chris Vidal, Wei Lee, Oddom Demontiero, Emma Thembani, Leigh Bambury and Zahra Mohtasham

The Foundation is available for speaking and presenting at service clubs within the local area and at appropriate functions to provide greater awareness of the research and funding throughout the Sydney Medical School Nepean, The University of Sydney. ■



The Penrith Probus presentation evening..

LOCAL ARTIST – ROBYN CAUGHLAN



Famous local Dharruk Artist Robyn Caughlan kindly donated the pictured canvas painting “My Journey” to the Nepean Medical Research Foundation, Sydney University which now hangs temporarily on the 5th Floor Sydney Medical School Nepean, until such time as the new Research Facility being built in Derby Street is completed.

Robyn Caughlan’s Artworks have held centre stage for over a decade with her paintings, fashion design and textile patterns, having been exhibited as exemplary examples in contemporary indigenous art and fashion design. ■



“Stewart Park” Naming Ceremony

The Nepean Medical Research Foundation announces the Ceremony details of our “Honorary Philanthropists” Harry & Val Stewart who worked tirelessly for the Foundation. Stewart Park will be named in honour of the Late Harry & Val Stewart and the ceremony will take place at Kingswood Park on Saturday 15th May 2010 at 12.00pm. Anyone wishing more details, please contact the Foundation Manager - Deanna Melbin on 0410 435890.



SYDNEY MEDICAL SCHOOL NEPEAN STAFF NEWS

Clinical Academic Titles Awarded:

Dr Ka Lai Shek – Clinical Lecturer in Obstetrics and Gynaecology

Dr Markus Hermann – Clinical Associate Professor in Medicine

Dr Hwang Sin Tan – Clinical Lecturer in Emergency Medicine

Dr Rajesh Maheshwari – Clinical Associate Lecturer in Paediatrics

Dr Rajat Lahoria – Clinical Associate Lecturer in Medicine (Neurology)

Dr Christian M Gergis – Clinical Associate lecturer in Medicine

Dr Suyin Tan – Clinical Lecturer – Anaesthetics

Dr Lachlan Host – Clinical Associate lecturer – Surgery

New People:

Associate Professor Guy Eslick – Surgery

Krishanthi Gunaratnam – Geriatrics

Farah Al-Asari – Masters Student – Medicine (Endocrinology)

Completed Degrees for 2009:

Honours:

Melissa Ardley – Medicine

Zhong Zheng Yi – Medicine

Brandon Baraty – Obstetrics and Gynaecology

Megan McKeown – Medicine

Bao Luan Nguyen – Haematology

Masters:

Chun Sun – Haematology

PhD:

Leon Wescombe – Medicine (Endocrinology)

Johnny Lee – Medicine (Endocrinology)

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Please note our new web address:

<http://sydney.edu.au/medicine/nepean/>